

<b>EVALUATION OF PRIVILEGES</b> For use of this form, see AR 40-68; the proponent agency is OTSG		PERIOD FROM TO		SPECIALTY		
RATED BY	PRIVILEGES PERFORMED BY		TREATMENT FACILITY			
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use reverse if needed.)						
RATER'S SIGNATURE					DATE	

DA FORM 5441-22-R, JUL 89

DA FORM 5441-22-R (Test), JUL 85 IS OBSOLETE

USAPPC V1.00